

NEW HAMPSHIRE

APPLICATION FOR PERMIT TO USE THE NEW HAMPSHIRE SEAL OF QUALITY ON FARM PRODUCTS

I have read the rules governing the use of the Seal of Quality Program and agree to comply with all provisions established therein. I further agree to cooperate with the Department of Agriculture, Markets & Food in regard to periodic inspection visits, and to furnish upon request sample containers, labels and/or advertising material bearing the design.

Enclosed is the \$5.00 annual permit fee payable to Treasure, State of New Hampshire.

☐ **RENEWAL**

☐ **NEW**

Applicant's Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name & Title of Owner/Mgr: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Products on which the seal is to be used:

☐ APPLES

☐ CIDER

☐ SHELL EGGS

☐ MAPLE PRODUCTS

☐ HONEY

☐ RASPBERRIES

NHDAMF USE ONLY Permit Number: _____

Approved: _____

Date: _____

Mail to:
NH Department of Agriculture, Markets & Food (NHDAMF)
Bureau of Markets
PO Box 2042
Concord, NH 03302-2042